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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 89 347 895

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	x	Fee	Fee	=	Total
	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101		_				=	Theo
Total Claims >20	203/103	25.	20 = 5	x		18	=	90
Independent Claims >3	202/102	2	-3 =	x			=	
Mult. Dep Claim Present	204/104						=	
Surcharge	205/105						=	130
English Translation	139							
TOTAL FEE CALCULA	ATION							980
Fees due upon filing t	he application	:						
Total Filing Fees Due = $$980$								
Less Filing Fees Subm	nitted - \$,					
BALANCE DUE	= \$	780						
Office of Initial Patent	07/6/ Examination	99						

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application	or	Docket	V	lumbei

59/347845

CLAIMS AS FILED - PART I (Column 1) (Column 2)					<u> </u>					ER THAN	
FOR NL		JMBER FILED			1	RATE	FEE	7	RATE	FEE	
BASIC FEE				<u> </u>	1		380.00	OR		760.00	
TOTAL CLAIMS 20= *			1	V	+	-100					
23				1 1	X\$ 9=	-	OR	X\$18=	90		
-	MIULTIPLE DEPENDENT CLAIM PRESENT						X39=		OR	X78=	
						֓֞֞֞֜֞֞֜֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֡֡֜֡֓֓֓֡֓֡֡	+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						_	TOTAL			TOTAL	250
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)				SMALL	OTHER TH						
AMENDMENT A		CLAIM: REMAINI	NG	HIGHEST NUMBER	PRESENT	lΓ		ADDI-	7		ADDI-
		AFTEF AMENDM		PREVIOUSLY PAID FOR	EXTRA		RATE	TIONAL FEE	1	RATE	TIONAL FEE
	Total	. 23	Minus	- 25	=		X\$ 9=		OR	X\$18=	
AME	Independent	* 12	Minus	*** 3	-		X39=		OR	X78=	
	FIRST PRESE	NTATION C	OF MULTIPLE DE	EPENDENT CLAIM		 	.120		1	.000	
+130= TOTAL							OR	+260= TOTAL	<u> </u>		
		(0 - 1,	43	40.4		A	DDIT. FEE		OR	ADDIT. FEE	L
		(Column		(Column 2)	(Column 3)	_		,			
IENT B		REMAINII AFTER AMENDME	1	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+130=		OR	+260=	·
						L	TOTAL			TOTAL	
		(Column	1)	(Column 2)	(Column 2)	AC	DIT. FEE		JOI' A	VDDIT. FEE	
ပ		CLAIMS		HIGHEST	(Column 3)	_		4554	` _		•
⊢ I		REMAININ AFTER AMENDME		PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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AMENDMEN	Independent	*	Minus	***	=	┢	X39=				
	FIRST PRESE	O NOITATI	F MULTIPLE DE	PENDENT CLAIM		-	<i>,</i> ωσ=		OR	X78=	
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.											
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **Total ADDIT. FEE **Total ADDIT. FEE The "Highest Number Previously Paid For" (In this SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (In this SPACE is less than 3, enter "3."											